

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

29/807081

FILING DATE

APPLICANT(S)

		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	
		IND.	DEP.	IND.	DEP.	IND.	DEP.		
1		/							
2			/						
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TOTAL IND.	3								
TOTAL DEP.	20								
TOTAL CLAIMS	23								
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TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS